OFFICE OF THE SECRETARY OF STATE, STATE HOUSE, ANNAPOLIS, MARYLAND 21401 (410) 974-5520

PLEASE READ THIS APPLICATION CAREFULLY. FAILURE TO PROVIDE ALL OF THE INFORMATION REQUESTED WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION.

Please complete and return to the above address this application to apply for your notary commission and a non-refundable \$20.00 fee by check or money order made payable to the Secretary of State. Please note that applications not accompanied by the \$20.00 processing fee will not be processed. Please do **not** staple your fee to this application. There will be a \$15.00 fee for all returned checks.

To Senator: Subject to the provision of State Government Article of the *Annotated Code of Maryland*, I hereby make application for the appointment of a Notary Public. I certify that I am at least 18 years of age, of good moral character and integrity, and that I ____ live or work in the State of Maryland.

MARYLAND RESIDENTS ON information requested below, ar	nd complete the following: I am	a resident of the _	Legisla	tive District, th	e election	
district (or ward), and the	_ precinct or	_ County or Ba	itimore City,	represented b	y State Senator	
Non-Residents Only: I reques	st to be commissioned in	Coun	ty or I	Baltimore City.		
Please check the box to the le	ft if you do not want your name	e shared with busin	esses.			
PRINT your legal name as it	should appear on your com	mission. This mu	ist be the s	ame as your	signature.	
Home Address (If P.O. Box of	or route number, please also	include street o	r road name	e for our reco	irds):	
Tionie Address (II F.O. Box (or route number, please also	include screet of	Todu Hairie	e ioi oui reco	ius).	
Street Address (inc. P.O. Bo		City, State, Zip				
Home Phone:	Business Phor	Business Phone:				
Are you self-employed? If not, name of employer:						
Address of employer:						
References: List below the n					ersons, preferably	
Maryland residents & not family members, who may be contacted to attest to your character.						
Name	Street Address	City, St	City, State, Zip		Day Phone Number	
1.						
2.						
Have you ever been convicted of a crime, other than a minor traffic violation? Yes No If yes, please describe the nature of the conviction and date of conviction.						
If yes, please describe the nature of the conviction and date of conviction.						
Have you ever held a commission as a Notary Public in any state which was revoked? Yes No If yes, please explain:						
I Solemnly Affirm under penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.						
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Date Signature r	nust be the same as printed	name above	male	female	Date of Birth	
The Secretary of State's Office will forward this application to your Senator.						
I hereby approve the above application:						

Local Elections Offices

To complete the Maryland Residents Only section, call The Election Office for the county in which you live.

Allegany County	301-777-5932
Anne Arundel County	410-222-6600
Baltimore City	410-396-5550
Baltimore County	410-887-5700
Calvert County	410-535-2214
Caroline County	410-479-8145
Carroll County	410-386-2080
Cecil County	410-996-5311
Charles County	301-934-8972
Dorchester County	410-228-2560
Frederick County	301-694-1005
	301-694-2524
Garrett County	301-334-1962
Harford County	410-638-3564
Howard County	410-313-5820
Kent County	301-778-0038
Montgomery County	240-777-8500
Prince George's County	301-952-3270
Queen Anne's County	410-758-0832
St. Mary's County	301-475-4655
Somerset County	410-651-0767
Talbot County	410-770-8099
Washington County	240-313-2050
Wicomico County	410-548-4830
Worcester County	410-632-1320